

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

MEDIATION REFERRAL FORM

FAX this form to: (602) 542-6870.

INDIVIDUAL'S NAME (*Last, First, M.I.*)

AGO NO./TO BE COMPLETED BY ATTORNEY GENERAL'S OFFICE		ASSISTS NO.	
IS THE CHILD ADJUDICATED DEPENDENT <input type="checkbox"/> Yes <input type="checkbox"/> No		AGENCY RESPONSIBLE <input type="checkbox"/> DDD <input type="checkbox"/> CPS	
DISTRICT REFERRED FROM			DATE REFERRED
PERSON'S NAME COMPLETING FORM			PHONE NO.
INITIATING PARTY'S NAME		PHONE NO.	RELATIONSHIP TO THE INDIVIDUAL
INITIATING PARTY'S ADDRESS (<i>No., Street, City, State, ZIP</i>)			
DATE AND TIME AVAILABLE TO MEET			

I understand that participation in a mediation meeting is a voluntary part of the administrative review process to resolve disputes informally and quickly. I understand that I have the right to file a written or oral grievance. (*per Administrative Review Code R6-6-2001*)

INITIATING PARTY'S SIGNATURE		DATE
RESPONDING PARTY'S NAME		RELATIONSHIP TO INDIVIDUAL
RESPONDING PARTY'S ADDRESS (<i>No., Street, City, State, ZIP</i>) IF KNOWN		PHONE NO.

OTHER PARTIES WHO WILL ATTEND MEDIATION

NAME		PHONE NO.	RELATIONSHIP TO INDIVIDUAL
ADDRESS (<i>No., Street, City, State, ZIP</i>)			
NAME		PHONE NO.	RELATIONSHIP TO INDIVIDUAL
ADDRESS (<i>No., Street, City, State, ZIP</i>)			
NAME		PHONE NO.	RELATIONSHIP TO INDIVIDUAL
ADDRESS (<i>No., Street, City, State, ZIP</i>)			

BRIEF DESCRIPTION OF DISPUTE	
SPECIAL CONSIDERATIONS	

Routing: Original - Initiator • Canary - DDD Central Office

Equal Opportunity Employer/Program

Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting: (602) 542-6825.